**2** 002 10/22/04 FRI 09:34 FAX 886 2 23697233 JIANQ CHYUN IPO PART B - FEE(S) TRANSMITTAL OCT 2 1 2004 & Mail Stop ISSUE FEE THE TRADEMAR Complete and sind this form, together with applicable fee(s), to: Mail Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000 or <u>Fax</u> INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed wh appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "PEE ADDRESS" maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompany papers. 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TYPE SMALL ENTITY **ISSUE PEE** TOTAL FRE(S) DUE DATE DUB nonprovisional NO \$1330- 1370 54630- 1670 10/22/2004 EXAMINER ART UNIT CLASS-SUBCLASS 2812 257-778000 ROMAN, ANGEL Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (i) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Jiang Chyun IP Office (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. The Address indication (or "I ee Address" Indication form PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Advanced Semiconductor Engineering, Kaohsiung, Taiwan, R.O.C. Inc. ☐ governm ste check the appropriate assignee category or categories (will not be printed on the patent); 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): 20 Issue Fee A check in the amount of the fee(s) is enclosed. ☐ Payment by ctodit card. Form PTO-2038 is attached. a Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 50-2620 (enclose an extra copy of this form). 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